

HUMAN SERVICES BOARD

INTRODUCTION

FINDINGS OF FACT

1. The petitioner was eligible for Medicaid at all relevant times.
2. He has a history of bedwetting that has not responded to other attempts at treatment.
3. In June 2000, the petitioner's parents took him to a chiropractor and requested prior approval of Medicaid coverage for this treatment.
4. The petitioner's pediatrician did not oppose chiropractic treatment for this problem, but he did not prescribe or recommend it.

5. The petitioner later became eligible for medical coverage for this treatment through his parents' insurance provided by their employers. Thus, this case concerns a limited period of chiropractic treatments that the petitioner's parents paid for out of pocket, for which they are seeking reimbursement from Medicaid.

6. The petitioner's parents maintain that the chiropractic treatments were somewhat helpful for his bedwetting, but they concede that the treatments have not cured it.¹

ORDER

The Department's decision is affirmed.

REASONS

The Medicaid regulations, at § M640, include the following provisions:

Services furnished by a licensed chiropractor certified to meet the standards for participation in Medicare are covered.

¹ At the hearing in this matter, held on October 5, 2000, the petitioner's mother maintained that his chiropractic visits have been successful in treating an unrelated problem that they did not anticipate. The Department and the hearing officer advised her that she could attempt to seek Medicaid approval on this basis, but that the petitioner's doctor would have to initiate this request. It was also explained that such a request would probably be denied as untimely, but that the petitioner could appeal any subsequent negative decision.

Coverage is limited to treatment by means of manipulation of the spine to correct a subluxation of the spine.

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Chiropractic services for recipients under the age of 12 require prior authorization from the Medical Review Unit, Medicaid Division, Waterbury. Clinical review data pertinent to the need for treatment must be submitted in writing.

In this case, other than the chiropractor's request for coverage, which noted that the petitioner had a subluxation of the spine, there is no credible evidence regarding the efficacy of chiropractic treatments for bedwetting. The Board has specifically held that the mere presence of a subluxation, in and of itself, does not establish a need for chiropractic treatment. Fair Hearing No. 15,474. Absent a showing that the petitioner's subluxation was (or is) causing a medical problem that can be alleviated through chiropractic treatment, the Department's decision denying approval of Medicaid payment for that treatment must be upheld.

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